

FILING DATE

10-019,406

APPLICANT

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1										
2										
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4		31								
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50										
TOTAL IND.	2									
TOTAL DEP.	12									
TOTAL CLAIMS	14									